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CONFIRMATION NO. 8631

Bib Data Sheet

|  |   |                               |  |                                  |                            |
|--|---|-------------------------------|--|----------------------------------|----------------------------|
| SERIAL NUMBER<br>10/774,944  | FILING DATE<br>02/06/2004<br><br>RULE   | CLASS<br>015                  | GROUP ART UNIT<br>1744   | ATTORNEY<br>DOCKET NO.<br>466ABG |                            |
| APPLICANTS<br><br>Pai Yung Lin, Chong Ho City, TAIWAN;<br><br>** CONTINUING DATA *****<br>NONE sb<br><br>** FOREIGN APPLICATIONS *****<br>NONE sb<br><br>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **<br>** 05/05/2004   |   |                               |  |                                  |                            |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met<br>Verified and Acknowledged <u>sb</u> Examiner's Signature <u>sb</u> Initials |   | STATE OR<br>COUNTRY<br>TAIWAN | SHEETS<br>DRAWING<br>8   | TOTAL<br>CLAIMS<br>15            | INDEPENDENT<br>CLAIMS<br>1 |
| ADDRESS<br><br>Pai Yung Lin<br>P.O. Box 10-69, Chong Ho<br>Taipei ,<br>235<br>TAIWAN   |   |                               |  |                                  |                            |
| TITLE<br>Cleansing device having cleansing fibers  |   |                               |  |                                  |                            |
| FILING FEE<br><br>RECEIVED<br>385  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |                                  |                            |